OBJECTIVES:

- These guidelines are to reduce the risk of zoonosis or animal-human disease transmission during animal visitation, animal-assisted activities, animal-therapy, and resident/facility animal programs.

APPLICABILITY

This guideline applies to:

- all species of animals.
- Acute Care and Continuing Care (including Facility Living and Supportive Living) inpatient settings.
- all Alberta Health Services (AHS) employees, members of the medical and midwifery staffs, students, volunteers, and other persons acting on behalf of AHS
- animals used for research must be handled according to applicable research protocols.

This guideline does not apply to:

- Home Living.
- Service animals. Please refer to Alberta Service Dogs Act or Blind Person’s Rights Act for guidelines regarding service animals in health care facilities.

GUIDELINE

1. General guidelines.

1.1 Animals are to be excluded from

a) Food preparation areas

b) Medication preparation areas

c) Operating Room (OR) including recovery areas

d) Medical Device Reprocessing (MDR), Laboratory and Diagnostic Imaging (DI) areas

e) Critical Care areas including ICU *
f) Neonatal nurseries

g) Patient/resident bathrooms

h) Immunosuppressed or neutropenic patients*

*animal visitation may be considered in consultation with the care provider team for chronic/palliative patients.

1.2 Animals in health care are to be

a) in good health having been examined annually by a licensed Veterinarian and free of diseases. Rabies vaccinations current and available. Other vaccinations determined by the veterinarian in the best interest of the animal based on lifestyle, risk assessment and whom the animal will be in contact with. Owners and handlers shall be responsible for making available up to date veterinarian and vaccination records when their pet visits a facility.

b) Animals fed a raw meat diets including poultry, dehydrated animal products or like pig ears are excluded from visiting for 90 days (APIC & JAVMA).

c) Animals are to be immediately removed from the facility if they appear ill or sick during visit.

1.3 Animals with any of the following condition(s) are excluded from visiting for 1 week following the resolution of:

a) Diarrhea (if animal has been diagnosed with Clostridium difficile, Salmonella, and Giardia and cats free of Toxoplasma occysts veterinary documentation should be provided to show animal has been treated.)

b) Vomiting

c) Sneezing, coughing

d) Antimicrobial, immunosuppressive therapy

e) Skin infections both open and closed, ear infections, skin and soft tissue infections (SSTI). Suspend visitation until veterinary documentation is provided to show the treated animal is free of MRSA.

f) Fleas, ticks, external or internal parasites (including worms)

1.4 Only domesticated animals are permitted in health care facilities (HCF.) The following are excluded:
- Reptiles and amphibians
- All rodents, including hamsters, gerbils, mice, rats and hedgehogs
- Animals that have not been litter trained or when measures cannot be taken to prevent exposure to animal’s excrement.
- Zoo animals, exotic mammals and petting zoo animals.

1.5 Visits inside patient rooms will be conducted only with explicit patient and roommate(s) permission before entering room.

1.6 Licking should be prevented as well as “shaking paws” even if paws are clean as floors may be contaminated.

1.7 All visiting, therapy or resident animals in health care facilities (HCF) must be approved by site management or designate. Facilities are responsible for documenting and tracking animals based on facility policy.
2. If an animal bites or scratches:

   a) Nursing staff are to be alerted immediately to ensure appropriate treatment is given and documentation occurs.

   b) All incidents of biting or scratching are reported to Environmental Public Health Inspectors immediately by calling Health Link Alberta 1-800-408-LINK (5465). If an employee is exposed this must also be reported to Workplace Health & Safety (WHS).

3. Animal related hygiene practices

   3.1 Hand hygiene must be performed as per (AHS) policy and procedure by all who have contact with animals. Patients/residents should be assisted with hand hygiene as needed.

      a) Patients/residents: Before AND after animal contact

      b) Handlers: Between rooms

      c) Handlers are to carry alcohol based hand sanitizer (ABHR).

      d) After cleaning up pet excrement, litter boxes, bird cages or aquariums.

   3.2 Where possible, animals are permitted on beds and laps with a disposable or washable waterproof barrier, such as a soaker pad or blue liner pad, should be placed between their clothes/blankets and the animal.

      a) Any furniture that animals have been permitted on (chairs, benches etc) need to be routinely cleaned and disinfected following facility procedures with facility approved cleaner.

   3.3 Animals and handlers are to have no contact with medical equipment, invasive devices, wounds, dressing or bandages.

   3.4 Visitation of patients under additional precautions is to be done only in consultation with Infection Prevention and Control or designate.

   3.5 No visitation when patient is eating or undergoing medical procedure.

   3.6 Any mess, including excrement, generated by the animal is the responsibility of the handler to clean up immediately. Facilities may supply clean-up materials as necessary. For resident animals a facility policy should be in place that identifies who is responsible for clean-up and what procedures are to be followed.

4. Animal-assisted activities and Animal-Therapy (pet therapy) animals
4.1 Animal-therapy animals must follow the general guidelines under sections 1, 2 and 3 of this document for visiting HCF.

4.2 It is recommend animals be registered with a recognized pet therapy program if they are visiting HCF as Pet Therapy Animals.

4.3 Animal Therapy Handler assumes responsibility and accompanies the animal during entire visit.

5. **Personal or visiting animals**

5.1 Personal or visiting animals must follow the general guidelines under section 1, 2 and 3 of this document for visiting HCF.

5.2 Visits to HCF should be in consultation with facility staff.

5.3 Handler assumes responsibility and accompanies the animal during entire visit.

5.4 All dogs are required to wear clean leash/collar. Leashes must be non-retractable and less than 2 metres in length. No choke or pinch type collars as they may injure fingers. Unleashed animals are to be carried in a clean carrier.

5.5 Personal or visiting animals are not allowed to visit other patients.
6. **Resident/facility animals or pets**

6.1 Resident/facility animals must follow the general guidelines under section 1, 2 and 3 of this document.

6.2 Birds or fish are not recommended as resident/facility pets in Acute Care.

6.3 There must be a dedicated person(s) responsible for the care of any resident or facility pet. Documentation is required and this individual is responsible for

a) Ongoing veterinary care arrangements

b) Feeding

c) Cleaning and sanitizing living space, bedding and toys following facility procedures, using facility approved products.

6.4 There is a dedicated storage area for pet supplies. This area must be away from the medication room, clean and sterile supply rooms, kitchens and resident areas.

6.5 Animals should be kept off furniture not covered in water resistant fabric or covered by a barrier.

6.6 Bowls and litter boxes must be stored in a place where residents do not have access to it. It is also recommended that a ‘walk-off tray’ be used to contain scattered litter and excrement. Litter must be changed routinely.

6.7 Bird cages should have a cleanable or wipeable plastic container under the cage to contain scattered birdseed, feathers, etc. Cages must be cleaned routinely.

6.8 Aquarium water should not be disposed of in sinks used for hand hygiene, food preparation or drinking water. Sinks must be cleaned and disinfected following use.

6.9 Any resident animal displaying signs of illness shall be isolated and examined by a veterinarian.
7. Outbreaks or Ongoing Micro-organism Transmission

7.1 When there is known, suspected or ongoing micro-organism transmission, IPC may make additional recommendations for restricting animal visitation in health care.

7.2 A separate environment is provided for resident/facility pets during outbreaks to restrict the animal. One-to-one visits with non-affected residents may be permitted in consultation with the care team and IPC.
DEFINITIONS
Pet: an animal kept for pleasure or companionship.
Personal or visiting animal: an animal or pet who visits the facility on an ad hoc basis or limited time frame to provide comfort to a person in a health care facility. Also called animal visitation.
Resident/facility animal: an animal or pet that lives in the health care facility on a permanent basis. Care of the resident/facility pet is the responsibility of an identified person (staff or volunteer) working at the health care facility.
Pet Therapy/Animal-Assisted Therapy: the use of trained animals and handlers to achieve specific therapeutic goals. May also referred to as animal assisted activities.
Service Animals: any animal that assists a person with disabilities with one or more daily activities. A service animal is not considered a pet. Rules regarding service animals in health care facilities are found in the Alberta Service Dog Act and Alberta Blind Person’s Rights Act.
Domesticated animal: to adapt an animal to life in intimate association with and to the advantage of humans. An animal that is not wild and is kept as a pet.
Zoonosis: any infectious disease that can be transmitted from non-human animals, both wild and domestic, to humans. Also referred to as animal-human disease transmission

REFERENCES
AJIC Guidelines for Animal-assisted Interventions in Health Care Facilities. March 2008 Volume 38 Number 2
Lefebvre et al, When animals visit patients, reducing the risk, Vol 1 No 1 Spring 2008
Lefebvre et al Incidence of Acquisition of Methicillin-resistant Staphylococcus aureus, Clostridium difficile, and Other Health-care–associated Pathogens by Dogs that Participate in Animal-assisted Interventions JAVMA Vol 234, No. 11, June 1, 2009

REVISIONS
Month DD, YYYY